



PERSONAL INFORMATION CHANGE REQUEST

Use blue or black ink to complete this form.

State of Tennessee 401(k) Plan

98986-02

Participant Information – Provide name/Social Security number as it currently appears on your account.

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number
			_____ Account Extension (if applicable)

☐ Name Change – Attach copy of marriage certificate or divorce decree.

_____ Last Name	_____ First Name	_____ MI
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☐ Personal Information Correction/Change

Mo Day Year

_____ Date of Birth

☐ Married

☐ Unmarried

☐ Female

☐ Male

Social Security Number

Attach copy of birth certificate.

Attach copy of Social Security card and
driver's license or photo identification.

☐ Address and Phone Number Change

_____ Address – Number & Street		
_____ City	_____ State	_____ Zip Code
(_____)_____ Home Phone	(_____)_____ Work Phone	
_____ E-Mail Address		

Required Signature

I affirm that the information that I have provided on this form is true and correct.

Participant Signature

Date

Participant forward to Service Provider at:
Great – West Retirement ServicesSM
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone#: 1-800-922-7772
Web site: www.treasury.state.tn.us/dc/

